

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
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18	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	22					
TOTAL CLAIMS	26					

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY